

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035515

FILED VS NOV 2 1959 393

STATE FILE NUMBER

Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. _____

4962

RECEIVED

1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CLAY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 16 YRS		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5234 MUNGER Rd			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4518 N. DAKLEY		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First John Middle CHARLES Last WALTON				4. DATE OF DEATH Month OCT Day 12 Year 1959					
5. SEX MALE		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-7-1869		9. AGE (last birthday) 90 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (City and state or country) Valley Falls Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A		
13a. FATHER'S NAME John C. WALTON			13b. MOTHER'S MAIDEN NAME ANNA MARIE Noel			14. NAME OF HUSBAND OR WIFE MORILLA WALTON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address HENRY WALTON LA PUENTE Calif					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion (Acute)							INTERVAL BETWEEN ONSET AND DEATH _____		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) D. W. Newcomer M.D. Chasmer				22b. ADDRESS North Kansas City Mo		22c. DATE SIGNED 10/12/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-15-59		23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON		23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO			
24. FUNERAL DIRECTOR D.W. Newcomer's Sons N.K.C.			ADDRESS _____		25. DATE RECD. BY LOCAL REG. 10-15-59		26. REGISTRAR'S SIGNATURE Neve Marshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF O.S. Pate

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John H. Harwick, Jr.

Licensed Embalmer No. 4848

P. O. Address R. B. 17, W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.